

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	Gruening et al.	Examiner:	Yong Soo Chong
Serial No.:	10/788,663	Group Art Unit:	1617
Confirmation No.:	3625	Docket:	136-36 RCE
Filed:	February 27, 2004	Dated:	July 13, 2009
For:	ANTI-INFECTIOUS HYDROGEL COMPOSITIONS		

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of EFS-Web Transmission

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via the Office's electronic filing system on July 13, 2009.

Carla Bryan

(Printed Name)

Signature: /carla bryan/

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner, mailed January 13, 2009, finally rejecting Claims 24-32, 34-36, 38, and 41-53.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of

- ☐ other than a small entity.
☒ small entity.

A verified statement claiming small entity status

- ☐ is attached.
☐ was already filed on _____.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

<input checked="" type="checkbox"/> small entity	\$270.00
<input type="checkbox"/> other than small entity	\$540.00
Notice of Appeal fee due	<u>\$270.00</u>

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

(A) ☒ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

	Extension (months)	Fee for Other than Small Entity	Fee for Small Entity
<input type="checkbox"/>	one month	\$ 130.00	\$ 65.00
<input type="checkbox"/>	two months	\$ 490.00	\$245.00
<input checked="" type="checkbox"/>	three months	\$1,100.00	\$555.00
<input type="checkbox"/>	four months	\$1,730.00	\$865.00
	Fee due for indicated extension	=	<u>\$555.00</u>

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for ___ months has already been secured. The fee paid therefor of \$___ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request = \$___

(B) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee	\$ <u>270.00</u>
Extension fee (if any)	\$ <u>555.00</u>

TOTAL FEE DUE \$ 825.00

5. FEE PAYMENT

☐ Attached is a check in the sum of \$_____

☒ Charge Account No. 08-2461 the sum of \$ 825.00.

6. FEE DEFICIENCY

☒ If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

☒ If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,

/susan a. sipos/

Susan A. Sipos

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